

Montana WIC Program Participant Rights & Responsibilities Form

*Directions: Please read this form, and then sign it on the bottom.
If you do not understand any part of it, please ask for help.*

I Agree To:

- Attend and be on time for all appointments.
- Let WIC staff know in advance if I cannot keep an appointment.
- Provide accurate and correct information to WIC staff about me or my child's medical history, my household income and the foods that I eat or my child eats.
- Let the WIC staff know if my address, phone number or income changes, if I am going to move away or if I no longer have custody of the child.
- Bring my Program Booklet to all appointments and to the store.
- Handle my WIC benefits carefully – like they are cash. If I lose my benefits, they cannot be replaced.
- Report benefits that are lost, stolen or destroyed and I will **not** use the benefits later if I find them.
- Follow the shopping guidelines for using WIC benefits as specified in the Program Booklet.
- Treat WIC staff and retail staff with respect and courtesy.
- Train my authorized representatives and proxies on WIC procedures and policies. I am accountable for their actions.
- I may lose my WIC benefits if I or someone with me makes changes on my WIC benefit; returns WIC foods for cash or non-WIC foods; sells, trades, or gives away WIC foods; buys non-WIC foods; uses an unauthorized retailer; or verbally or physically abuses WIC or retail staff. I also may be required to repay benefits.
- Standards for eligibility and participation in the WIC Program are the same for everyone, regardless of race, color, national origin, sex, age, or disability.
- I have 60 days to appeal any decision made by the local agency regarding my eligibility for the Program. The fair hearing will be conducted by a fair and impartial official according to 248.16 and applicable portions of Title 2, Chapter 4 Montana Code Annotated, whose decision will rest solely on the evidence presented at the hearing and statutory and regulatory provisions governing the WIC Program in Montana.

I Understand That:

- WIC will give me benefits to buy certain foods from WIC authorized retailers each month.
- The local WIC program will make nutrition education and referral to health services available to me or my child. I am encouraged to use these services.
- My WIC records may be released to the following programs to determine eligibility or conduct outreach: Montana DPHHS Immunization.
- I may be dropped from WIC if I receive benefits from more than one WIC clinic at a time.

I have been advised of my rights and responsibilities under the Program. I certify that the information I have provided for my eligibility determination is correct, to the best of my knowledge. I understand that intentionally making a false or misleading statement or intentionally misrepresenting, concealing, or withholding facts may result in paying the State agency, in cash, the value of food benefits improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, D.C. 20250-9410 or call (866)632-9992 or (202)260-1026 (voice) or (202)401-0216 (TTD). USDA is an equal opportunity provider.

I have read and understand my rights and responsibilities for participation in the Montana WIC Program:

Signature of Participant/Authorized Representative

Date